

CITY OF AKRON
INCOME TAX DIVISION
PROJECT SUBCONTRACTOR REPORT

CONTRACTOR'S NAME: _____

Contractor's Phone: _____

C.O.R. # _____

PERMIT # _____

PERMIT ADDRESS: _____

Owner's Name: _____

Type of Contractor	Name	Address	City	ST	Zip	Phone	Contract Amt	FED ID / SS#
General								
Excavator								
Sewer Layer								
Paving								
Masonry								
Basement Waterproofer								
Roofing								
Plumbing								
Erector								
Carpenter (rough)								
Carpenter (finishing)								
Electrical								
Siding								
Heating								
Insulation								
Drywaller								
Flooring								
Painting								
Spouting								
Cabinet Installation								
Garage Door Installation								
Landscaping								
Glazing								
Asbestos Abatement								

I certify that the information contained on this form is true and complete, to the best of my knowledge.

(List additional subcontractors used in project on back of form)

Signature of Applicant _____

Date _____

Business Name & Address (please print) _____

